

CLAIMS ONLY

SERIAL NO. _____

FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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50		/				
TOTAL IND.	8		↓	↓	↓	↓
TOTAL DEP.	130		↓	↓	↓	↓
TOTAL CLAIMS	138					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/	/	/	/	/	/
52	/	/	/	/	/	/
53	/	/	/	/	/	/
54	/	/	/	/	/	/
55	/	/	/	/	/	/
56	/	/	/	/	/	/
57	/	/	/	/	/	/
58	/	/	/	/	/	/
59	/	/	/	/	/	/
60	/	/	/	/	/	/
61	/	/	/	/	/	/
62	/	/	/	/	/	/
63	/	/	/	/	/	/
64	/	/	/	/	/	/
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67	/	/	/	/	/	/
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74	/	/	/	/	/	/
75	/	/	/	/	/	/
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78	/	/	/	/	/	/
79	/	/	/	/	/	/
80	/	/	/	/	/	/
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95	/	/	/	/	/	/
96	/	/	/	/	/	/
97	/	/	/	/	/	/
98	/	/	/	/	/	/
99	/	/	/	/	/	/
100	/	/	/	/	/	/
TOTAL IND.			↓	↓	↓	↓
TOTAL DEP.			↓	↓	↓	↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Claim	Date	
Final	Original	
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Claim	Date	
Final	Original	
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Claim	Date	
Final	Original	
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If more than 150 claims or 10 actions
staple additional sheet here